

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022783

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1522

FILED MAY 27 1963

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>University City</b>          |  | c. CITY OR TOWN <b>University City, Mo</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>7141 Cambridge</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>7141 Cambridge</b>   |  |

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 3. NAME OF DECEASED<br>(Type or print) <b>VENITA E. STAMM</b>   |                                  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>7</b> Year <b>1963</b>  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb 22 1918</b> |
| 9. AGE (last birthday) <b>45</b>  |                                  | 10. IF UNDER 1 YEAR<br>Months <b>45</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sales</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Penny Co.</b>   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Staunton, Illinois</b>                                     |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>August W. Huhsman</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Bridget Holland</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Otto Stamm</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b>  |  |
| 16. SOCIAL SECURITY NO.<br><b>---</b>   |                                  | 17. INFORMANT<br><b>University City, Missouri</b><br><b>Otto E. Stamm, 7141 Cambridge</b>   |  |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction, acute 10 minutes</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 minutes</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   |

|   |  |   |  |
|---|--|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|---|--|

|  |   |  |                          |
|--|---|--|--------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |                          |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  | Month, Day, Year _____  |  |                          |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY _____ STATE _____ |

21. I attended the deceased from November, 1962 to 5/7/63 and last saw her alive on 4/28/63  
Death occurred at 8:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                  |  |  |
|--|----------------------------------|--|--|
| 22a. SIGNATURE<br><i>Paul A. Asch, M.D.</i>                | (Degree or title)                | 22b. ADDRESS<br><b>St. Charles, Mo.</b>                          | 22c. DATE SIGNED<br><b>5/8/63</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>May 10, 1963</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Mausoleum</b> | 23d. LOCATION (City, town, or county)<br><b>St. Louis County, Missouri</b> |

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR<br><b>St. Louis (30) Missouri</b><br><b>Lupton Chapel, Inc. 7233 Delmar Blvd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>5-9-63</b> | 26. REGISTRAR'S SIGNATURE<br><i>John B. Murphy, M.D.</i> |
|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



OK  
COUNTY

Signed

MAY 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence A. Murray  
Licensed Embalmer No. 4011  
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.